



Organizations

For information and referrals, call:

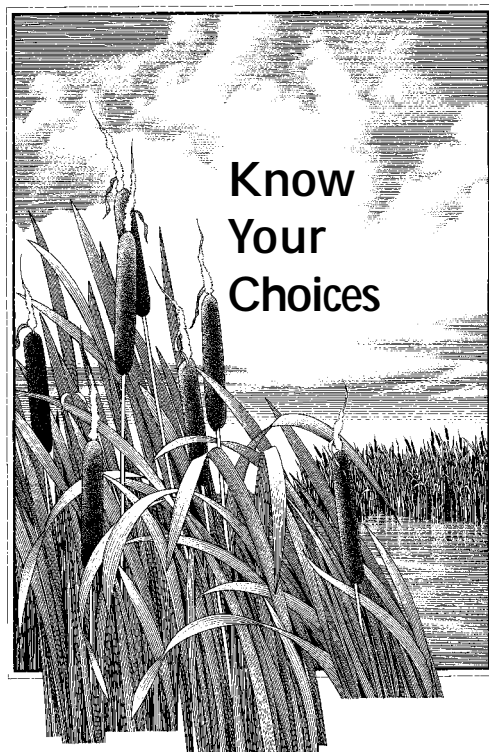
- Choice in Dying at 1-800-989-WILL (1-800-989-9455)
- The Hospice Helpline of the National Hospice Organization, at 1-800-658-8898.

Your wishes matter. Patients can make choices about health care

Know your treatment options—discuss them with your health-care provider.

Know your rights to make decisions about medical care.

Make your wishes known—let your health-care provider, your loved ones and other caregivers know what you want.



Making The Right Health Care Choice



To make sound decisions, you should know about your treatment options and your right to informed consent.

Your Treatment Options

Advances in medicine make it possible to:

- keep patients alive longer—even when their bodies no longer work on their own
- control pain and maintain comfort—and allow a peaceful death

Your right to informed consent:

Before you agree to any medical treatment, you have a right to know:

- the expected benefits of the treatment
- the procedures involved—and their potential risks and side effects
- possible alternatives to the treatment
- how long you might be expected to live without treatment

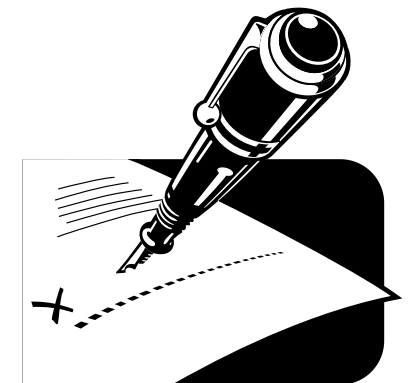
Your right to refuse care:

As permitted by law, a patient can refuse any unwanted medical treatment. This means you may instruct health-care providers to:

- withhold medical treatments you feel are too much of a burden
- withdraw treatment after it has started
- resume treatment if you change your mind

Advance medical directives:

These allow you to spell out your wishes in advance, in



case you are not able to speak for yourself. Your advance directives should

include a:

- living will—to outline the kinds of care you want, and don't want, in certain situations

- durable power of attorney, or health-care proxy—to give a person you choose the right to make care decisions on your behalf.

What you should know about life-supporting treatments:



Laws about advance medical directives vary from state to state. To find out about laws in your state, call Choice In Dying (see page 8). Consider letting your loved ones take part in your end-of-life decisions.

What this option may mean:

- continuing treatment, even when there is little hope of improvement
- relying on artificial means to support life.

What it may involve:

- breathing machine to take over breathing
- tube feedings and fluids when food and fluids can't be taken by mouth
- chemotherapy—using chemicals to destroy cancer cells
- antibiotic therapy—to help treat infections resulting from an underlying condition, such as an advanced cancer
- renal dialysis—using a machine to do the work of the kidneys
- cardiopulmonary resuscitation (CPR)—an emergency procedure that restores heartbeat and breathing
- surgery



to help make decisions about end-of-life care, try to:

- Recall any past statements about how he or she would want to die
- Consider his or her values. Make the decision you think he or she would make.

Remember, you can only do what you believe is best.

Help Is Available

There are people and places you can turn to for more information and support.

Your health-care provider:

Talk over your end-of life treatment options. Have him or her explain what each means. Find a health-care provider who supports your right to make your own choices.

Other health-care facility staff

These may include:

- patient representatives
- mental health professionals
- social workers
- ethics committees.

Clergy

Health-care facility chaplains and other religious advisors can help you consider the teaching of your faith when making health-care decision.

Treatment alternatives:

For example, you could agree to:

- a “trial period” for a new course of treatment
- a cutoff point if treatment does not succeed
- stopping some kinds of care but not others

Legal and ethical issues

States have difference laws. For example, some states have specific standards for withholding tube feedings and fluids. Know the laws in your state. It can help to talk over these issues with friends and family.



- cause pain and discomfort—for example, feeding tubes can become uncomfortable, some forms of chemotherapy may cause nausea, etc.
- make it hard to spend meaningful time with loved ones—especially if the patient is unconscious or uncomfortable
- lead to dependence on tubes and machines to live

Some Questions And Answers

Is comfort care the same as assisted suicide?

Most people would say “no.” With comfort care, it is the underlying conditions—the final stages of cancer, for example—that actually causes the death. Comfort care means treating symptoms and keeping patients comfortable until death occurs naturally.

Legal troubles can result from assisted suicide.

Assisted suicide is banned in many states—any may be subject to prosecution in others. Legal action could be taken against any person who takes part in an assisted suicide.

What is hospice care?

Hospice helps terminally ill patients. Care centers on comfort, not cure. Services include:

- helping to keep pain to acceptable levels with medication
- care for physical, emotional and spiritual needs
- helping patients die at home
- supporting patients and their families.

How can I make the right decision for a loved one?

If there are no advance directives and you are asked

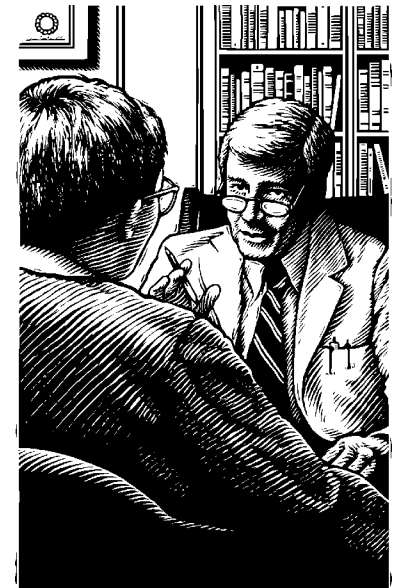
Possible benefits:

- Life supporting treatments may provide more time to:
- allow for any chance of improvement
- have loved ones be with you
- come to terms with death spiritually and emotionally.

Points to consider:

- Continuing treatment when there’s little or no chance of survival may also:
- prolong the dying process—causing suffering for both the patient and loved ones

Ask your health-care provider about the risks and benefits of each treatment.



Deciding to limit or stop life supporting treatments:

What this choice means:

You may choose to stop some or all attempts to fight a condition's progress or to extend life. Treatment may then focus more on increasing comfort until life ends naturally. This is considered when:

- there is little or no chance of reversing a medical condition
- life-sustaining treatment would only prolong dying.

What it may involve:

- comfort care—accepting only treatments intended to reduce pain and increase comfort, such as pain medication
- a do-not-resuscitate (DNR) order—telling health-care providers not to use CPR when the heart and breathing stop
- being taken off a breathing machine
- refusing chemotherapy

- refusing tube feedings or fluids
- declining other forms of treatment
- palliative hospice care (see page 8)

Possible benefits:

- a way for patients to feel they are dying with dignity, free of tubes and machines
- time to spend with loved ones in comfort before the end of life
- the option of dying at home, if possible (see page 8)

Point to consider:

Your health-care provider can adjust your medication so you have a balance of pain relief and alertness.

Talk over the risks and benefits of refusing each type of treatment with your health-care provider and your family.

Making Care Choices:

Carefully consider the medical facts and your values. For example, think about:

The chances for improvement:

Ask your health-care provider:

- How much of a difference would continued treatment make?
- What are the chances of getting better?
- How much time would be gained from life supporting treatment?

Let your health-care provider know you're interested in getting all the facts.

Quality of life:

This may come down to:

- your feelings about relying on tubes and machines to live
- the level of discomfort you would be willing to endure for the extra time
- whether you would want to remain on life support

even if not likely to regain consciousness

- how much life support treatment may interfere with the things you value in life—for example, enjoying the company of loved ones or being active?

Personal values:

- Your beliefs about life and death come into play. For example:
- Do you always fight to the end?
- Which is more important to you—supporting life at all costs or living independently?

Talking with clergy may provide valuable insights.

